

Posted
12-12-12@9:05am

240870

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2012 - 418 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Edward Rivers

Telephone:

843-364-8693

Address: 9 Carson Drive
Charleston, S.C 29407

Fax:

Other:

843-303-8618

Email:

louiselbarns@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
DEC 11 2012
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

2012

240870

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
 101 Executive Center Drive, Suite 100
 Columbia, South Carolina 29210
 (Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
 OPERATION OF MOTOR VEHICLE CARRIER**

CLASS C - NON-EMERGENCY

Date: October 1, 2012

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

R And E Medical Transportation, LLC

9 Carson Drive

Street Address of Applicant

Charleston, S.C 29407

Mailing Address of Applicant (if different from street address)

843-367-8693 or 843-303-8618

Phone

Fax

louisembrns@yahoo.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Edward E. Rivers

9 Carson Drive, Charleston S.C 29407

Rodella P. Rivers

7540 Clearwater Dr. Columbia S.C. 29223

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month Sept Year 2012

Assets:

Cash	500.00
Receivables	6,000 ⁰⁰
Real Estate	House \$ 300,000 ⁰⁰
Buildings and Equipment (Net)	\$ 15,000 ⁰⁰
Motor Vehicles (Net)	\$ 45,000 ⁰⁰
Garage Equipment (Net)	\$ 10,000
Machinery and Tools (Net)	4,000
Supplies on Hand	\$ 300.00
Prepays and Other Assets	
Total Assets *	\$ 381,000⁰⁰
<u>Liabilities and Equity:</u>	
Accounts Payable	—
Notes Payable	—
Mortgages Payable	\$ 2,942.00
Equipment Obligations	600.00
Accrued Salaries and Wages	None as yet
Other Accrued Obligations	
Other Liabilities	5,000
Total Liabilities	8,542⁰⁰
Capital Stock	—
Retained Earnings	—
Total Equity	
Total Liabilities and Equity *	

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

*See
attached*

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|---------------------------------------|-------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input checked="" type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input checked="" type="checkbox"/> Richland | |

EXHIBIT B

to

TRANSPORTATION AGREEMENT

RATES, INVOICING AND PAYMENT TERMS

entered into by and between

LOGISTICARE SOLUTIONS, LLC ("LGTC")

and

Band E Medical Trans. ("Provider")

LGTC and Provider hereby agree to the following terms for invoicing and payment of claims and for the re-submittal of denied claims.

Rates

Only services specifically pre-authorized by LGTC will be compensated. Provider must perform transportation at the class of service (e.g., ambulatory sedan/van, wheelchair, stretcher, or non-emergency ambulance) requested by LGTC. All rates included in this Exhibit B shall constitute payment in full and are inclusive of all applicable state and local sales tax, service tax and/or usage tax. The State of South Carolina prohibits the Medicaid NEMT Broker from establishing or maintaining service agreements with public transit services which result in fares, payments or rates being charged for Participants that are greater than those charged to the general public. Provider certifies that, if it is a public transit service provider, that the schedule of rates set forth below are the same or less than those charged to the general public. Payment rates for transportation performed by Provider under the Agreement shall be as follows:

Class of Service	0-3 Miles	4-6 Miles	7-10 Miles	11-15 Miles	16-20 Miles	21-25 Miles	26-30 Miles	31-35 Miles	36-40 Miles	41-45 Miles	Over 45 Miles
Ambulatory	\$5 ⁰⁰	\$10 ⁰⁰	\$14 ⁰⁰	\$18 ⁰⁰	\$23 ⁰⁰	\$26 ⁰⁰	\$29 ⁰⁰	\$33 ⁰⁰	\$38 ⁰⁰	\$43 ⁰⁰	\$1 ⁰⁰ per mile
Wheelchair	\$9 ⁰⁰	\$14 ⁰⁰	\$20 ⁰⁰	\$25 ⁰⁰	\$29 ⁰⁰	\$33 ⁰⁰	\$40 ⁰⁰	\$48 ⁰⁰	\$55 ⁰⁰	\$62 ⁰⁰	\$1 ³³ per mile
Share Ride Ambi	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Share Ride WC	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Stretcher	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Group Ambi	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
41 Olds	1999 Olds Van	307271	3948	-



AGENCY CUSTOMER ID: _____

**SOUTH CAROLINA COMMERCIAL AUTO
COVERAGES / LIMITS SECTION**DATE (MM/DD/YYYY)
12/05/2012

AGENCY Advisor/Property & Casualty		NAMED INSURED(S) R & E Medical Transportation LLC	
POLICY NUMBER Pending	EFFECTIVE DATE 01/05/2013	CARRIER American Country Insurance	NAIC CODE

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS
LIABILITY	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 9	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 1,000,000			
	<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/>	BI EACH ACCIDENT \$			
	<input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 8	PROPERTY DAMAGE \$			
PERSONAL INJURY PROTECTION	<input type="checkbox"/> 6 <input type="checkbox"/> 7	DEDUCTIBLE \$	PHYSICAL DAMAGE		
ADDL PERSONAL INJURY PROTECTION	<input type="checkbox"/> 5 <input type="checkbox"/> 7	WORK LOSS \$ MED EXP \$	TOWING & LABOR	<input type="checkbox"/> 3 <input type="checkbox"/> 7	\$
MEDICAL PAYMENTS	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8	EACH PERSON \$	COMP/OTC	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 8	
UNINSURED MOTORIST	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7	<input checked="" type="checkbox"/> CEL <input type="checkbox"/> BI EA PER \$ 50,000	SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8	
	<input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7	BI EACH ACCIDENT \$	COLLISION	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 8	
	<input type="checkbox"/> 4	PROPERTY DAMAGE \$		<input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7	
UNDERINSURED MOTORIST	<input type="checkbox"/> 2 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 50,000			
	<input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7	BI EACH ACCIDENT \$			
	<input type="checkbox"/> 4	PROPERTY DAMAGE \$			
HIRE / BORROWED LIABILITY	YES STATES NO	COST OF HIRE \$ IF ANY BASIS	STATES # DAYS # VEH	COVERAGE / DEDUCTIBLE	
NON-OWNED LIABILITY	YES STATES NO	GROUP TYPE EMPLOYEES VOLUNTEERS PARTNERS	NUMBER OF	COMP \$ SPEC OF PL \$ COLL \$	
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY LIA. LAW	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRE AUTOS (9) NON-OWNED AUTOS		

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU, IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.

APPLICANT'S SIGNATURE Edward E. Rivers	DATE 12-7-12	PRODUCER'S SIGNATURE 	NATIONAL PRODUCER NUMBER 16416506
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ACORD 137 SC (2012/01)

Page 1 of 3

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Exhibit Fit, Willing, and Able (FWA)

Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

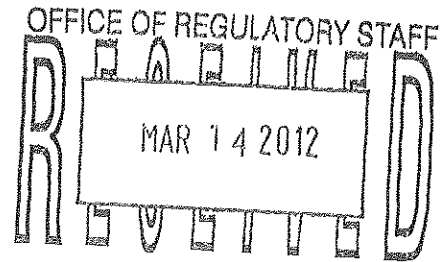
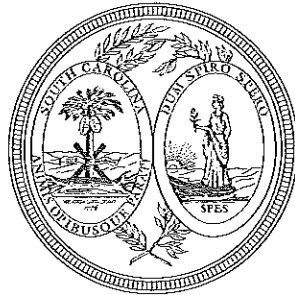
The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Edural Rivas
Applicant's Signature

Edural Rivas PRES
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Richland)
State of South Carolina)
SWORN TO BEFORE ME
This 12th day of December, 2012
Gloria P. Woodward
Notary Public
Commission Expires 6-28-2019

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

R AND E MEDICAL TRANSPORTATION, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 6th, 2012, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
6th day of January, 2012.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State